

Effective October 1, 2000

**Application or Docket Number** 

097615/1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 4			· 					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		. 0			X\$ 9=	11	OR	X\$18=		
INDEPENDENT CLAIMS			1 mi	nus 3 =	* O			X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	ESENT						+	1 1	070		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=	<i>-1</i> 1	
								TOTAL	<u> </u>	OR	TOTAL	710	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)								SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		ŀ			OH				
+135=										OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 2) (Column 2)													
AMENDMENT B	- 1000000000000000000000000000000000000	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	lt	X40=			X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟			OR			
	+135=									OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	<b> </b>	X40=			X80=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT						┞	/\ <del>-</del>		OR	700-		
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3										OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													